



2020 Hales Trail Community Garden
Risk Acknowledgement, Liability Waiver and Pledge to Abide by the Rules

Please sign and complete the following and mail along with your payment by check (please make payable to Ozaukee Master Gardeners) to:

Ozaukee County Master Gardeners
Ozaukee County UW-Extension
121 Main Street, P.O. Box 994
Port Washington, WI 53074

I _____ (your name here) have read and understand the Hales Trail Community Garden Rules and pledge to abide by them. I understand that I may forfeit my privilege to use the Hales Trail Community Garden if I repeatedly and knowingly disregard the rules or fail to satisfy my volunteer commitment.

I understand that activity at the Hales Trail Community Garden may involve an element of risk or danger of accidents, and having an awareness of those risks, I hereby assume full responsibility for those risks. I further understand and agree that this acceptance of risk/liability is to be binding on my heirs and assigns. In consideration of the opportunity to participate in this activity, I release Hales Trail Community Garden, its volunteer Board of Directors and other Gardeners from all liability for any and all loss resulting from damage to my person or property, including death, whether caused by negligence or otherwise, which may result from my participation in this activity within the City of Port Washington. Further, I expressly agree to indemnify and hold harmless the Hales Trail Community Garden, its volunteer Board of Directors and other Gardeners against any and all further claims or damages, costs or expenses incurred as a result of any accident or injury which might occur while I am engaging in this activity or using garden provided tools and gasoline powered equipment.

I waive my rights to assert or pursue a claim against the City of Port Washington arising out of any negligent or intentional acts or omissions occurring in Hales Trail Community Garden, or arising out of or in any manner connected with my presence upon the PROPERTY, pursuant to the License Agreement between the City of Port Washington and the Port Washington Community Garden Association, including by not limited to claims for property damage, bodily injury and/or death.

Name of Gardener: _____

Signature and Date: _____

Total payment enclosed: \$ _____

(Number of plots x \$25 per plot for residents, \$30 per plot for those residing outside of Port Washington)

Check number: _____